

Terrorism Command Specialist - HazMat & EMS Application

Michigan Department of Labor & Economic Growth

Bureau of Construction Codes & Fire Safety

Office of Fire Fighter Training

P.O. Box 30700, Lansing, MI 48909

Telephone: 517-373-7981 Fax: 517-335-4061

Authority: 1966 PA 291

Instructions - Required courses for the Terrorism HazMat/EMS Command Specialist are provided on the back. The applicant is to complete Sections I, V and the section(s) corresponding to the certification level(s) for which you are applying. Attach required documentation. The applicant's fire chief is to complete Section VI. **Both** the applicant and fire chief must sign and date the application before submitting to the Course Manager.

Mail or fax completed application and attachments to the address listed above.

Applicant Information

Check the level(s) for which you are applying:		Terrorism - HazMat Command Specialist		Terrorism - EMS Command Specialist	
LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS (No P.O. Boxes - UPS will not deliver)				COUNTY OF RESIDENCE	
CITY		STATE		ZIP CODE	
DAYTIME TELEPHONE NUMBER (Include Area Code)		EVENING TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER	
E-MAIL ADDRESS		FIRE DEPARTMENT / STATION NAME		FDID NUMBER	

II. Terrorism - HazMat Command Specialist (Hazardous Materials)

Attach certificate for FF I or previous phases I & II training		Minimum 3 years of fire service experience required. List most recent experience first.	
Fire Department Name	FDID Number	From Month/Year	To Month/Year
Attach a copy of training certificate for each Terrorism HazMat Command Specialist course			

II. Terrorism - EMS Command Specialist (Emergency Medical Services)

Attach certificate for FF I or previous phases I & II training			
Minimum 3 years of fire service experience required. List most recent experience first.			
Fire Department Name	FDID Number	From Month/Year	To Month/Year
Attach a copy of training certificate for each Terrorism EMS Command Specialist course			

III. Certification and Signature

I certify the information provided is true and accurate to the best of my knowledge. I understand that providing false information will result in revocation of my Terrorism Command Specialist certification.	
APPLICANT'S SIGNATURE	DATE

VI. Fire Chief / Agency Head or Designee

To the best of my knowledge, the information submitted by the above applicant is true and accurate and I recommend OFFT approval.	
SIGNATURE OF FIRE CHIEF / AGENCY HEAD OR DESIGNEE	DATE
FIRE DEPARTMENT NAME	FDID NUMBER

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.